1 Control number	55555	For Paperwork Reduction A Notice, see back of Copy D. OMB No. 1545-0008	^{ct} For Official Use Only ▶			
2 Employer's name, addres	ss, and ZIP code*	the magnetic of the second	3 Employer's identification	on number	4 Employer	's state I.D. number 🐛
			5 Statutory Deceased employee	Legal rep.	942 Sut	ototal Voide The EIC payment has a
8 Employee's social security numbe	7 9 Federal	income tax withheld .	10 Wages, tips, other con	npensation .	11 Social se	curity tax withheld
12 Employee's name (first,	middle, last)		13 Social security wa	iges	14 Social	security tips .
		alesando Caracillo de Caracillo de Car acillo de Caracillo de Caracil	16		16a Fringe	benefits incl. in Box 10*.
				paramanan		por C. Data and C. Company
	4.7ID d .		17 State income tax	18 State was	*	19 Name of state 22 Name of locality
15 Employee's address and Form W-2 Wage and Ta		t 1986			on Summer Sum	4.5
	Do	NOT Cut or Separate	Copy A For Social Sec * See Instructions for Forms on This Pag	Forms W-2 a		Department of the Treasur Internal Revenue Servic
1 Control number	55555	For Paperwork Reduction A Notice, see back of Copy D. OMB No. 1545-0008				
2 Employer's name, addres	s, and ZIP code	And the second s	3 Employer's identification	on number	4 Employer	's state I.D. number*
			5 Statutory Deceased employee	Legal rep.	emp. □ I	ototal Void*
		· ·	6 Allocated tips			e EIC payment
8 Employee's social security number	9 Federal	income tax withheld	10 Wages, tips, other con	npensation	11 Social se	curity tax withheld
12 Employee's name (first,	middle, last)		13 Social security wa	iges	14 Social	security tips
			16 *		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State was	ges, tips, etc.	19 Name of state
15 Employee's address and		. 400e	20 Local income tax	21 Local way	ges, tips, etc.	22 Name of locality
Form W-2 Wage and Ta		t 1986 NOT Cut or Separate	Copy A For Social Sec * See Instructions for Forms on This Pag	Forms W-2 a	nistration and W-2P	Department of the Treasur Internal Revenue Service
1 Control number **	55555	For Paperwork Reduction A Notice, see back of Copy D. OMB No. 1545-0008				
2 Employer's name, addres	s, and ZIP code	ellerggen kangger i in inflation beliefen en gebeur i finansier kangen kangen kan bereig	3 Employer's identification	on number," ,	4 Employer	's state I.D. number
			5 Statutory Deceased employee	Legal rep.	emp	otolal Void
		Market Control of the	6 Allocated tips	*		e EIC payment
8 Employee's social security number	Ţ.	income tax withheld	10 Wages, tips, other con			curity tax withheld
12 Employee's name (first,	middle, last)	9	13 Social security wa	iges "		security tips'
			16 *		16a Fringe	benefits incl. in Box 10.
			17 State income tax	18 State was	ges, tips, etc.	19 Name of state
15 Employee's address and	Anna de la constitución de la co	+ 4006	20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and Ta	ax statemen	t 1986	Copy A For Social Sec	curity Admi	nistration	Department of the Treasur

* See Instructions for Forms W-2 and W-2P

Internal Revenue Service.

1 Control number						
1 Control number		OMB No. 1545-0008				
2 Employer's name, addre	ss, and ZIP code		3 Employer's identification	on number	4 Employer's	s state I.D. number
			5 Statutory Deceased	Legal	942 Sub emp.	total Void
			employeé	rep.		
			6 Allocated tips		7 Advance	EIC payment
8 Employee's social security numb	er 9 Federal i	ncome tax withheld	10 Wages, tips, other con	npensation	11 Social sec	curity tax withheld
12 Employee's name, add	ress, and ZIP code		13 Social security wa	iges	14 Social s	ecurity tips
			16		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Statement	1986	Copy 1 For State, Cit	v. or Local 1	Tax Departn	nent
			Employee's and emplo	oyer's copy	compared	
1 Control number		OMB No. 1545-0008				
2 Employer's name, addre	ss, and ZIP code		3 Employer's identificati	on number	4 Employer'	s state I.D. number
			5 Statutory Deceased employee	Legal rep.	942 Sut emp.	ototal Void
			6 Allocated tips		7 Advance	EIC payment
8 Employee's social security numb	er 9 Federali	ncome tax withheld	10 Wages, tips, other cor	npensation	11 Social se	curity tax withheld
12 Employee's name, add	lress, and ZIP code		13 Social security wa	ages	14 Socials	security tips
			16		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Statemeni	t 1986	Copy 1 For State, Cit Employee's and emplo	y, or Local oyer's copy o	Fax Departroompared	nent
1 Control number		OMB No. 1545-0008				
2 Employer's name, addre	ss, and ZIP code	L	3 Employer's identificati	on number	4 Employer'	s state I.D. number
			5 Statutory Deceased employee	Legal rep.	942 Sut emp.	ototal Void
			6 Allocated tips			EIC payment
8 Employee's social security number	9 Federal i	ncome tax withheld	10 Wages, tips, other cor	mpensation	11 Social se	curity tax withheld
12 Employee's name, add	Iress, and ZIP code		13 Social security wa	ages	14 Social s	security tips
			16		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
		4000	20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Statemen	t 1986	Copy 1 For State, Cit Employee's and employee	y, or Local Tover's copy of	Fax Departr	ment

1 Control number						
2 Employer's name, addre	ess, and ZIP code	OMB No. 1545-0008	3 Employer's identificati	on number	4 Employer'	's state I.D. number
,,	,			-		
			5 Statutory Deceased employee	Legal rep.	942 Sul emp.	btotal Void
			6 Allocated tips		7 Advance	e EIC payment
						
8 Employee's social security number	per 9 Federali	ncome tax withheld	10 Wages, tips, other co	mpensation	11 Social se	curity tax withheld
12 Employee's name, add	iress, and ZIP code		13 Social security wa	ages	14 Social	security tips
			16		16a Fringe	e benefits incl. in Box 10
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
			20 Local income tax	21 Local w	ages, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Statement	1986				
			Copy B To be filed with emplo This information is being furnis	oyee's FEDERAL	tax return ial Revenue Servi	Department of the Treasur ce. Internal Revenue Service
1 Control number		OMB No. 1545-0008		T		
2 Employer's name, addre	ess, and ZIP code		3 Employer's identificat	ion number	4 Employer	's state I.D. number
			5 Statutory Deceased employee	Legal	942 Su emp.	btotal Void
				rep.		
			6 Allocated tips		7 Advanc	e EIC payment
8 Employee's social security number	er 9 Federali	ncome tax withheld	10 Wages, tips, other co	mpensation	11 Social se	curity tax withheld
12 Employee's name, add	iress, and ZIP code		13 Social security w	ages	14 Social	security tips
	•		16		16a Fringe	benefits incl. in Box 10
			7			· .
,			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
			20 Local income tax	21 Local wa	ages, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Statement	1986	Copy B To be filed with employers This information is being furnis			Department of the Treasur
			tins mornation is being famili	ened to the sufer	Idi Revellue Selvi	ice. Intellia nevenue Servic
1 Control number						
2 Employer's name, addre	es and ZID code	OMB No. 1545-0008	3 Employer's identificati	ion number	A Employer	's state I.D. number
Employer Shame, addre	ss, and zir code		5 Employer's identificati	ou number	4 Linipioyer	s state t.b. number
			5 Statutory Deceased employee	Legal rep.	942 Sui emp.	btotal Void ·
			6 Allocated tips		7 Advance	EIC payment
8 Employee's social security numb	er 9 Federali	ncome tax withheld	10 Wages, tips, other co	mpensation	11 Social se	curity tax withheld
Employees a second recently manner						
12 Employee's name, add	lress, and ZIP code		13 Social security wa	ages	14 Social	security tips
			16		16a Fringe	benefits incl. in Box 10
			:			
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
			20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Statement	1986				

Copy B To be filed with employee's FEDERAL tax return

This information is being furnished to the Internal Revenue Service

Internal Revenue

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in Box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1986 Federal income tax return. Attach Copy 2 to your 1986 state or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you expect to owe income tax (after withholding) of \$500 or more for 1987, and if you had *any* income tax liability for 1986, file a new **Form W-4**, Employee's Withholding Allowance Certificate, with your employer to have more tax withheld or file **Form**

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in Box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1986 Federal income tax return. Attach Copy 2 to your 1986 state or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you expect to owe income tax (after withholding) of \$500 or more for 1987, and if you had *any* income tax liability for 1986, file a new **Form W-4**, Employee's Withholding Allowance Certificate, with your employer to have more tax withheld or file **Form**

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in Box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1986 Federal income tax return. Attach Copy 2 to your 1986 state or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you expect to owe income tax (after withholding) of \$500 or more for 1987, and if you had *any* income tax liability for 1986, file a new **Form W-4**, Employee's Withholding Allowance Certificate, with your employer to have more tax withheld or file **Form**

1040-ES, Estimated Tax for Individuals, and pay the tax in installments during the year.

If you retired during 1986 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

If there is an amount in Box 16a, your employer has already included the value of these taxable fringe benefits in your wages (Box 10). You may be able to deduct related expenses; see the instructions for your income tax return.

Credit for Social Security Tax.—If more than one employer paid you wages during 1986 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 7.15% includes 1.45% for hospital insurance benefits and 5.7% for retirement, survivors, and disability insurance.

1040-ES, Estimated Tax for Individuals, and pay the tax in installments during the year.

If you retired during 1986 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

If there is an amount in Box 16a, your employer has already included the value of these taxable fringe benefits in your wages (Box 10). You may be able to deduct related expenses; see the instructions for your income tax return.

Credit for Social Security Tax.—If more than one employer paid you wages during 1986 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 7.15% includes 1.45% for hospital insurance benefits and 5.7% for retirement, survivors, and disability insurance.

1040-ES. Estimated Tax for Individuals, and pay the tax in installments during the year.

If you retired during 1986 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

If there is an amount in Box 16a, your employer has already included the value of these taxable fringe benefits in your wages (Box 10). You may be able to deduct related expenses; see the instructions for your income tax return.

Credit for Social Security Tax.—If more than one employer paid you wages during 1986 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 7.15% includes 1.45% for hospital insurance benefits and 5.7% for retirement, survivors, and disability insurance.

1 Control number		- T,						
			OMB No. 1545-0008					8
2 Employer's name, addre	ess, and ZIP	code		3 Employer's identificati	on number	4 Employer'	s state I.D. n	umber
				5 0444 5		042 0		M-1.4
				5 Statutory Deceased employee	Legal rep.	942 Sub emp.	itotal	Void
				6 Allocated tips	Щ	7 Advance	FIC navm	enf
				o Anocated tips		Auvance	LIC paying	· .
B Employee's social security numb	per 9 Fe	e deral ind	come tax withheld	10 Wages, tips, other con	mpensation	11 Social se	curity tax wi	thheld .
12 Employee's name, add	Iress, and ZI	Pcode		13 Social security wa	ages	14 Socials	ecurity tip	is
				16		16a Fringe	benefits incl	. in Box 10
				17 State income tax	18 State wa	ges, tips, etc.	19 Name	of state
				20 Local income tax	21 Local wa	iges, tips, etc.	22 Name	of locality
orm W-2 Wage and T	ax State	ment	1986		7500750		L	L-(1) -
1. Control a mah	Г			Copy C For EMPLOYEE'S This information is being furnis	RECURDS shed to the Intern	al Revenue Servi		t of the Treasur Revenue Service
1 Control number	,		OMB No. 1545-0008			<u>.</u>		
2 Employer's name, addre	ess, and ZIP	code	- 1	3 Employer's identificati	ion number	4 Employer	s state I.D. n	umber
				5 Statutory Deceased employee	Legal rep.	942 Sul emp.	ototal	Void
				6 Allocated tips	•	7 Advance	EIC paym	ent
8 Employee's social security number	ber 9 Fe	ederal inc	come tax withheld	10 Wages, tips, other co	mpensation	11 Social se	curity tax wi	thheld
12 Employee's name, add	dress, and Zi	Pcode	<u> </u>	13 Social security wa	ages	14 Social	security tip)S
				16		16a Fringe	benefits inc	l in Box 10
				17 State income tax	18 State wa	ges, tips, etc.	19 Name	of state
				20 Local income tax	21 Local wa	ges, tips, etc.	22 Name	of locality
Form W-2 Wage and T	ax State	ment	1986	Copy C For EMPLOYEE'S This information is being furnis	RECORDS shed to the Intern	al Revenue Servi	Departmer ce. Interna	it of the Treasur I Revenue Service
1 Control number			OMB No. 1545-0008					
2 Employer's name, addre	ess, and ZIP	code		3 Employer's identificati	on number .	4 Employer'	s state I.D. n	umber
				5 Statutory Decased	Legal	942 Sul	ototal ·	Yoid
				5 Statutory Deceased employee	rep.	emp.		,510
				6 Allocated tips		7 Advance	EIC paym	ent
8 Employee's social security number	ber 9 Fe	ederal inc	come tax withheld	10 Wages, tips, other co	mpensation	11 Social se	curity tax wi	thheld
12 Employee's name, add	dress, and ZI	P code		13 Social security wa	ages	14 Socials	security tip	os
				16	· · · · · · · · · · · · · · · · · · ·	16a Fringe	benefits incl	in Box 10
				17 State income tax	18 State wa	ges, tips, etc.	19 Name	of state
			4000	20 Local income tax	21 Local wa	ges, tips, êtc.	22 Name	of locality
orm W-2 Wage and T	ax State	ment	1986	Copy C For EMPLOYEE'S	RECORDS		<u>Departmen</u>	t of the Treas

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most states. If you are in doubt, ask your appropriate state or local official. Please make sure that all copies are legible.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1986:

- (a) You withheld income tax or social security tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance or had not claimed exemption from withholding on Form W-4.
- (c) You paid \$600 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.
- (e) You made any advance EIC (earned income credit) payments.

By February 2, 1987, give Copies B, C, and 2 to each person who was your employee during 1986. For anyone who stopped working for you before the end of 1986, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by March 2, 1987. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most states. If you are in doubt, ask your appropriate state or local official. Please make sure that all copies are legible.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1986:

- (a) You withheld income tax or social security tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance or had not claimed exemption from withholding on Form W-4.
- (c) You paid \$600 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.
- (e) You made any advance EIC (earned income credit) payments.

By February 2, 1987, give Copies B, C, and 2 to each person who was your employee during 1986. For anyone who stopped working for you before the end of 1986, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by March 2, 1987. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most states. If you are in doubt, ask your appropriate state or local official. Please make sure that all copies are legible.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1986:

- (a) You withheld income tax or social security tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance or had not claimed exemption from withholding on Form W-4.
- (c) You paid \$600 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.
- (e) You made any advance EIC (earned income credit) payments.

By February 2, 1987, give Copies B, C, and 2 to each person who was your employee during 1986. For anyone who stopped working for you before the end of 1986, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by March 2, 1987. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

1 Control number				***************************************		
2 Employer's name, addre	oss and 7IP code	OMB No. 1545-0008	3 Employer's identificat	ion number	A Employer	s state I.D. number
	333, and 211 code		3 Employer's identificati	ion number	4 Employer	s state i.u. number
			5 Statutory Deceased employee	Legal · rep.	942 Sul emp.	ototal Void
				Ö		
			6 Allocated tips		/ Advance	EIC payment
8 Employee's social security numb	er 9 Federal	income tax withheld	10 Wages, tips, other co	mpensation	11 Social se	curity tax withheld
12 Employee's name, add	ress, and ZIP cod	e	13 Social security wa	ages	14 Social :	security tips
			16		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wa	ges, típs, etc.	19 Name of state
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Statemer	it 1986	Copy 2 To be filed with en	nniovee's State	City or Loc	1
			Income tax return. Employ	ree's and employe	r's copy compare	d
1 Control number	,	OMB No. 1545-0008	,			
2 Employer's name, addre	ess, and ZIP code		3 Employer's identificati	ion number	4 Employer'	s state I.D. number
			5 Statutory Deceased employee	Legal rep.	942 Sul emp.	ototal
			6 Allocated tips		7 Advance	EIC payment
	····					
8 Employee's social security numb	er 9 Federal	income tax withheld	10 Wages, tips, other con	mpensation	11 Social se	curity tax withheld
12 Employee's name, add	lress, and ZIP cod	е	13 Social security wa	ages	14 Social s	security tips
			16		16a Fringe	benefits incl. in Box 10
	•		17 State income tax	18 State way	ges, tips, etc.	19 Name of state
· ·			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
orm W-2 Wage and T	ax Statemen	t 1986	Copy 2 To be filed with en Income tax return. Employ			
1 Control number	•	OMB No. 1545-0008			······································	
2 Employer's name, addre	ss, and ZIP code	,	3 Employer's identificati	on number	4 Employer's	s state I.D. number
			5 Statutory Deceased employee	Legal rep.	942 Sub emp.	total Void
			6 Allocated tips	Ď		EIC payment
			Allocated tips		Auvance	LIC payment
8 Employee's social security numb	er 9 Federal	income tax withheld	10 Wages, tips, other con	npensation	11 Social sec	curity tax withheld
12 Employee's name, add	ress, and ZIP code)	13 Social security wa	iges	14 Social s	ecurity tips
			16		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wag	es, tips, etc.	19 Name of state
		**************************************	20 Local income tax	21 Local was	ges, tips, etc.	22 Name of locality
orm W-2 Wage and Ta	ax Statemen	t 1986	Copy 2 To be filed with em	nloves's State	City or Loss	

Copy 2 To be filed with employee's State, City, or Local Income tax return. Employee's and employer's copy compared.

1 Control number		OMB No. 1545-0008				
2 Employer's name, address	, and ZIP code	Omo No. 1343-0008	3 Employer's identificati	on number	4 Employer'	s state I.D. number
			5 Statutory Deceased employee	Legal	942 Sub	otötal 🔅 Void
			employee .	rep.	emip.	
			6 Allocated tips		7 Advance	EIC payment
8 Employee's social security number	9 Federal i	ncome tax withheld	10 Wages, tips, other con	npensation	11 Social se	curity tax withheld
12 Employee's name, addre	ss, and ZIP code	×	13 Social security wa	iges	14 Social s	security tips
			16		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
form W-2 Wage and Tax	Statement	1986	Com D.Com D.Com	<u> </u>	<u>`_</u>	
	· 		Copy D For employer			partment of the Treasury Internal Revenue Service
1 Control number	, , , , ,	OMB No. 1545-0008				
2 Employer's name, address	, and ZIP code		3 Employer's identificati	on number	4 Employer	s state I.D. number
			5 Statutory Deceased employee	Legal rep.	942 Sub emp.	ototal Void
			6 Allocated tips		7 Advance	EIC payment
8 Employee's social security number	9 Fadoral i	ncome tax withheld	10 Wages, tips, other cor	npensation	11 Social sa	curity tax withheld
				*		
12 Employee's name, addre	ss, and ZIP code		13 Social security wa	iges	14 Social s	security tips
			16	·	16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
•			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
orm W-2 Wage and Tax	Statement	1986	Copy D For employer			partment of the Treasury
			******			Internal Revenue Service
1 Control number						
2 Employer's name, address	and 7IP code	OMB No. 1545-0008	3 Employer's identification	nn number	A Employer's	s state I.D. number
E Employer 5 hante, aduress	, and zir code.		- Embloser 2 Identification	on nombel		
			5 Statutory Deceased employee	Legal rep.	942 Sub emp.	ototai Void
			6 Allocated tips		7 Advance	EIC payment
8 Employee's social security number	9 Federal i	ncome tax withheld	10 Wages, tips, other con	npensation	11 Social sec	curity tax withheld
12 Employee's name, addres	ss, and ZIP code	***************************************	13 Social security wa	ges	14 Social s	ecurity tips
			16		16a Fringe	benefits incl. in Box 10
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of state
orm W-2 Wage and Tax	Statement	1986	20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
			Copy D For employer			partment of the Treasury